



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

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Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre		
	LEGISLATOR INFORMATION	
Name LINDA MIENT	7/0	Member of: ☐ House ☐ Senate
Mailing address PO S&X	1049	District 134
City, zip code SACO, MC	E 04072	Phone 282-522-7
PART 1. INCOMI	E DERIVED FROM EMPLOYMENT BY A	MOTHER
List the name and address of each employ principal type of economic activity of each en	ver from whom you received compensatinployer.	ion of \$1,000 or more." Specify th
Name of Employer	Address	Principal Type of Economic Activity of Employer
Stote of Maine	Augusta, ME	Stoke Rep.
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	5 C C C C C C C C C C C C C C C C C C C	
PART 2. INC	OME DERIVED FROM SELF-EMPLOYM Legislators who are self-employed.)	IENT
List the name and address of your busi erived income. If associated with a partner reas of economic activity of that entity.	iness, if any and list the major areas of	f economic activity from which you imilar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activi (self)	Major Areas of Economic ity Activity (partnership, association or similar business entity)
ome: SACO TELLICE DIC.	Red estate	and the system of the second s
Clara a	Investr	nea II
ddress: PO BOX 1049, SACO	and the same and t	
ame: LM VALENTINO ASSOCIAT		te.

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PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the puthe entity or person from whom the income was derived.	derived such income. If this form of principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	CONTRACTOR OF THE PROPERTY AND THE PROPERTY OF
Name and Address of Firm Major Areas of Pra-	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name:	All All and the
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: CNOA VALENTINO	Rental Income
Name: CINOA VMENTINO Address: PO BOX 1049, SACO	Rental Income on properties
Name:	swred.
Address:	
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	reporting period, and list the major
None	`
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address: NONC	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	Company of the contract of the
The section of the se	Source of Gift
Women in Government - organization	e de la companya del companya de la companya de la companya del companya de la companya del la companya de la c
2. Washington Clean Election Campaign-Committee	y

PART 7. REPORTABLE HONORARIA							
List the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.							
None		B.450.					
Name of Source of Honoraria	and Company in	N	ame of Source of Honoraria				
1. Nove 3.	× 42.2		Served historical server as all a				
2. 4.		-					
PART 8. REPRESENTATION BEFO	ORE ST	ATE A	GENCIES				
List each executive branch agency before which you represented or assist the box.							
None	ANIA ANIA						
Name of Agency	r r 1, 2v r		Name of Agency				
1. Nove 3.			and the second s				
2. 4.							
PART 9. BUSINESS WITH S	TATE A	GENC	DES : 11.7				
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.							
None							
Name of Agency		i Pilipin	Name of Agency				
1. Nil							
2. 4.			TO THE STATE OF TH				
PART 10. INCOMÈ RECEIVED BY MEMBERS OF IMMEDIATE FAMILY							
PART 10. INCOMÈ RECEIVED BY MEMB	ERS O	- IMM	EDIATE FAMILY				
List the type of economic activity representing each source of income of source during the reporting period and the kind of income represented. Do not "D" for income received by dependents.	1 000 o	r more	received by your engues or dependent shild				
List the type of economic activity representing each source of income of \$\frac{9}{2}\$ (ren) during the reporting period and the kind of income represented. Do not "D" for income received by dependents.  Type of Economic Activity Representing Source of Income Received	61,000 o ot includ	r more le gifts cle	received by your engues or dependent shild				
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